

B 1 (Official Form 1) (1/08)

United States Bankruptcy Court

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Rosser-Summerville, Barbara A</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Summerville Anthony</b>	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>Barbara A. Rosser Barbara A Jones</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>9189</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8722</b>	
Street Address of Debtor (No. and Street, City, and State): <b>18646 May Street Homewood, Illinois 60430</b> <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE 60430</div>		Street Address of Joint Debtor (No. and Street, City, and State): <b>18646 May Street Homewood, Illinois 60430</b> <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE 60430</div>	
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business: <b>Cook</b>	
Mailing Address of Debtor (if different from street address): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>	
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>			
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</b>  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee (Check one box.)</b>  <input type="checkbox"/> Full Filing Fee attached.  <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.			
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000			
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

THIS SPACE IS FOR  
COURT USE ONLYKENNETH S. GARDNER, CLERK  
PS REP. - MBM

NOV 20 2009

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

FILED

**Voluntary Petition**

(This page must be completed and filed in every case.)

Name of Debtor(s):

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)Location  
Where Filed:

Case Number:

Date Filed:

Location  
Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s) (Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l))

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Page 3

**Voluntary Petition***(This page must be completed and filed in every case.)*

Name of Debtor(s):

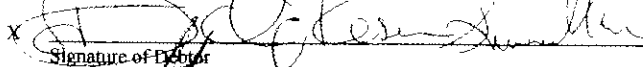
**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

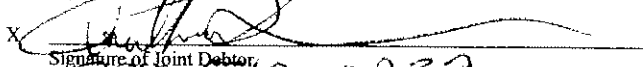
I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X   
Signature of Debtor

X   
Signature of Joint Debtor

Telephone Number (if not represented by attorney)  
708-310-0232

Date  
11-20-09

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

**Signature of Attorney\***

X \_\_\_\_\_

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

B 1D (Official Form 1, Exhibit D) (12/08)

## UNITED STATES BANKRUPTCY COURT

In re Rosser-Summerville, Barbara  
Debtor

Case No. \_\_\_\_\_  
(if known)

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

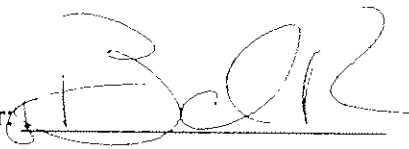
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: 

Date: 11-20-09

B 1D (Official Form 1, Exhibit D) (12/08)

## UNITED STATES BANKRUPTCY COURT

In re Summerville, Anthony  
Debtor

Case No. \_\_\_\_\_  
(if known)

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

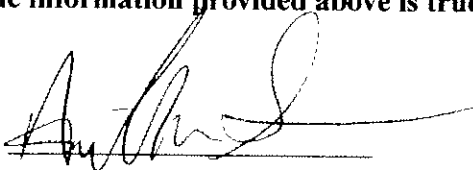
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: 

Date: 11-20-09

Anthony & Barbara Rosser – Summerville  
 Anthony Summerville  
 18646 S. May St  
 Homewood, IL 60430-3552

Creditor	Address	Acct. #	Balance
Homewood	18150 S. Halsted Homewood, IL 60430	09448313	\$ 1367.83
Duvera	5620 Paseo Del Norte #127-233 Carlsbad, CA 92008-4483	53701558	\$ 207.00 \$ 424.00 \$ 2002.00 \$ 242.00
Charles McCarthy, Jr. & Asso.	PO Box 1045 Bloomington, IL 61702	417215	\$ 2900.80
Bowman, Heintz Boscia & Vician	8605 Broadway Merriville, IN 46410-7033	938192	\$1500.00
All-American Ins. Group Re: Amearican Family Mutual Insuranace	1137 W. 127 <sup>th</sup> St. Calumet Park, IL	07 L 002798	\$80,770.39
St. James Hospital And Health Centers	228 W US Highway 30 PMB # 306 Schererville, IN 46375-1854	0509107897 -FOF	\$ 2,093.65
Credit Collection Services	Two Wells Ave. Dept. 9136 Newton, MA 02459	08020258171	\$ 784.89
AT&T Mobility	PO Box 6463 Carol Stream, IL 60197-6463	834029022	\$ 850.89
RPM	20816 44 <sup>th</sup> Ave. W Lynnwood, WA 98036	9298666004	\$ 562.80



Barbara Rosser-Summerville

MidAmerica Cardiovascular Consultants	PO Box 66973 Slot 303144 Chicago, IL 60666-0973	BCBS M1019729	\$	21.60
Community Care Network Internists	9122 Columbia Ave Munster, IN 46321	4918985	\$	30.00
Medical Reimbursements Of America, LLC	425 Duke Drive Suite 475 Franklin, TN 37067-2871	0209082709	\$	2,036.02
EMP of Cook County, LLC	4535 Dressler Road, NW Canton, OH 44718	M5394997	\$	20.00
Allied Interstate	3000 Corporate Exchange Dr 5 <sup>th</sup> Floor Columbus, OH 43231	10567917 (4001)	\$	302.26
Lake Imaging LLC	55 East 86 <sup>th</sup> Avenue Suite A P O Box 10645 Merrillville, IN 46411 - 0645	EP 85566	\$	153.00
FILENOW COM INC C/O Kurt J. Kolar	19 N Wacker Dr. 23 <sup>RD</sup> FL Chicago, IL 60606		\$	12,536.01
Saint Margaret Mercy	228 W US Highway 30 PMB #306 Schererville, IN 463751854	0209082709 BHA	\$	2036.02
American Family Ins	1556 W 127 <sup>th</sup> St #B Calumet Park, IL	300583648	\$	163.96
Emergency Care Physicians SVCS	9301 S Western Ave.	C36 821700162	\$	7.90

Barbara Rosser-Summerville

National Recovery Agency	PO BOX 67015 Harrisburg, PA 17106-7015	07143002694	\$	414.00
RJM Acquisitions LLC	575 Underhill Blvd. Suite 224 Syosset, NY 11791-3416	4500455972	\$	1,474.50
MetroSouth Medical Center	P.O. Box 2753 Bedford Park, IL 60499-2753	0821700162	\$	52.62
Associated St. James	PO Box 3463	18-8178528	\$	6.70 24.60
St. James Hospital and Health Centers	2434 Interstate Plaza Drive, Ste. 2	0509151788	\$	1,785.00
CCSI	PO Box 10428 Merrillville, IN 46411-0428	321965	\$	153.00
St. Margaret Mercy ER PHYS	PO BOX 291805 Kettering, OH	619082709	\$	448.00
Midwest Physician Group	P.O. Box 95401	1-40806509	\$	261.00
Consultants in Pathology, S.C.	5935 Rivers Ave. STE 101 N. Charleston, SC 29406	948808-113	\$	43.35
Lake Imaging LLC	55 East 86 <sup>th</sup> Ave. Suite A P.O. Box 10645 Merrillville, IN 46411-0645	EP85566	\$	153.00

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rcs	PO Box 7229 Westchester, IL 60154	0509107897 FOF	\$	125.25
		0209082709	\$	2,036.02
Community Care Network Internists	9122 Columbia Ave. Munster, IN 46321	4918985	\$	30.00
ACC International	ACC Bldg. 919 Estes Court Schaumburg, IL 60193-4427	885482	\$	654.06
Office Depot	PO Box 689020 Des Moines, IA	6011 5681 0143 5378	\$	7,705.96
First Chicago Insurance	P.O. BOX 389508	4511225- 000-000	\$	1,749.24
SYNERGETIC COMUNICATION, INC.	5450 N.W. Central #1000 Houston, TX 77092	8391636	\$	33176.46
Drive Financial Services	P.O. Box 660633 Chicago, IL 60690	61257281000	\$	2,516.00
Peoples Gas	Chicago, IL 60687-0001	3 5000 5047 2011	\$	591.81
Global Payments Check Services, Inc.	P.O. Box 661038 Chicago, IL 60666-1038	SUMB302501	\$	2,025.00
Pentagroup Financial, LLC	5959 Corporate Drive Suite 1400 Houston, TX 77036	985547153	\$	1,832.35
Van Ru Credit Corporation	8550 Ulmerton Rd Suite 225	0290471028	\$	784.89

Largo, FL 33771-5351

Barbara Rosser-Summerville

RJM Acquisitions LLC	PO Box 18006 Hauppauge, NY 11788-8806	8082368102	\$	76.00
Credit Protection Association, L.P.	13355 Noel Rd. Dallas, TX 75240	01478206330	\$	1,352.45
ComEd	Commonwealth Edison Bill Payment Center Chicago, IL 60668-0002	0290471028	\$	773.27
Comcast	PO Box 3002 Southeastern, PA 19398-3002	01500151595	\$	630.47
Comcast	PO Box 3002 Southeastern, PA 19398-3002	014782063300	\$	1,352.45
ComEd	ComEd Bill Payment Center	0290471028	\$	251.67
Nicor Gas	PO Box 310 Aurora, IL 60507-0310	73-65-28-8217 3	\$	1,668.88
Collection Bureau Of America	P.O. Box 5013 Hayward, CA 94540-5013	11930716	\$	397.41
MCM	P.O. Box 60578 Los Angeles, CA 90060-0578	8523160778	\$	2,457.98

Barbara Rosser-Summerville

Equinox	2720 S. River Rd. Suite 4 Des Plaines, IL 60018	693236	\$	1,288.87
IL Bone And Joint Institute	5057 Paysphere Circle Chicago, IL 60674	P138505	\$	544.77
DISH NETWORK	Dept 0063 Palatine, IL 60055-0063	8255 90 964 3687806	\$	128.98
St. James Hosp & HLTH Centers		14927231	\$	713.60
Midwest Physician Group Ltd.	P.O. Box 95401 Chicago, IL 60694 – 5401	M1-40806509	\$	259.65
25 East Same Day Surgery	3149 Eagle Way Chicago, IL 60678	120678	\$	999.60
Dj Ortho	P.O. Box 515471 Los Angeles, CA 90051-6771	754967F	\$	7.43
rcs	PO Box 7229 Westchester, IL 60154	0508049090	\$	65.77
ACC Consumer Finance	10770 Wateridge Cir #250 San Diego, Ca 92121-5802	903377	\$	14,162
Credit Acceptance Corp	25505 W 12 Mile Rd Suite 3000 Southfield, MI 48022	5018016	\$	7,889
Santander Bank	8585 North Steemon Freeway Suite 1100-North Dallas, TX 75247	30000162127401000	\$	6,575

Internal Revenue Service  
\$150,000.00

*ILL DEPT OF REVENUE*